

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-009876

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 579

STATE FILE NUMBER

VS 300  
Rev. 4/59

14000

24000

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51

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70

82

9141.9

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1290-0

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. <b>FILED MAR 5 1963</b>		2. <b>USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>ST. Louis</u>		a. STATE <u>Missouri</u> b. COUNTY <u>ST. Louis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>YRS</u>		c. CITY OR TOWN <u>YRS</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>9752 Jacobi</u>		d. STREET ADDRESS (If outside, give location) <u>9752 Jacobi</u>	
3. <b>NAME OF DECEASED</b> First <u>Ralph</u> Middle <u>Mobley</u> Last <u>Sr</u>		4. <b>DATE OF DEATH</b> <u>2-20-1963</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>7-10-1899</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Shipping Clerk</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>	
13a. FATHER'S NAME <u>Artemis Mobley</u>		13b. MOTHER'S MAIDEN NAME <u>Etta Hines</u>	
14. NAME OF HUSBAND OR WIFE <u>ESTHER G</u>		17. INFORMANT <u>Esther G. Mobley</u> Address <u>9752 Jacobi</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>[REDACTED]</u>	
18. <b>CAUSE OF DEATH</b> (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Generalized carcinomatosis</u> Carcinoma of tongue Gangrene both legs - Segmental DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>Post EVA; ASHD; sev. yrs. Hypertensive C.V.D.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 Mons</u> <u>11</u> <u>2</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Post EVA; ASHD; sev. yrs. Hypertensive C.V.D.</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED: (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>[REDACTED]</u> Month, Day, Year <u>[REDACTED]</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>1950</u> to <u>Feb 20 1963</u> and last saw him alive on <u>Feb 9, 1963</u>		Death occurred at <u>A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>M.D.</u>	22b. ADDRESS <u>5427 Delmar</u>	22c. DATE SIGNED <u>2-21-63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>2-23-1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Friedens</u>	23d. LOCATION (City, town, or county) (State) <u>ST. Louis Co Mo</u>
24. FUNERAL DIRECTOR <u>O'SULLIVAN-MUCKLE-KRON MORTUARY</u> ADDRESS <u>8806 JENNINGS ROAD</u>	25. DATE RECD. BY LOCAL REG. <u>2-21-63</u>	26. REGISTRAR'S SIGNATURE <u>[Signature]</u>	

8806 JENNINGS ROAD

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed Lawrence O. Gehring

Licensed Embalmer No. 4879

P.O. Address Perth, Mo

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a **STUDENT**, he also shall sign in his **OWN** handwriting.

If this body is not embalmed, fact should be so stated above.